

NON-RESIDENT OUT-OF-STATE VESSEL REPAIR AFFIDAVIT

State of Washington SS No. County of _____ , being first duly sworn on oath, deposes and says: (Owner/Operator) that he/she is a bona fide resident of the state of , date of birth that his/her address is (St. No. or RR) (City, Town, or P.O.) ; that on the day of , he/she brought into Washington the following described vessel, to-wit: MODEL MAKE HULL IDENTIFICATION NUMBER YEAR DOCUMENTATION NUMBER NAME HOME PORT STATE REGISTRATION NUMBER MOORED AT and that said vessel is exclusively undergoing repair or reconstruction by _____, located at ______(Street Address and City) (Business Name) (UBI/Tax Registration No.) for a period not to exceed sixty (60) days. Expiration date being day of , Contact Department of Revenue for extensions. Vessel may be assessed use tax if it remains in Washington after the expiration date. Dated at , Washington, this day of , . . . NOT VALID UNLESS STAMPED (Signature/Owner) BY THE WASHINGTON STATE OR DEPARTMENT OF REVENUE (Signature/Operator) Subscribed and sworn to before me this day of ______, ______, NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON. RESIDING AT